

CMS  
Centers for Medicare  
& Medicaid Services

7500 Security Blvd.  
Baltimore, Maryland  
21244-1850  
<http://www.cms.gov>

Inside:

2 **Vaccination Sites**  
*Useful URLs*

2 **A slippery issue**  
*Thimerisol*

3 **Campaign Strategy**  
*What really works?*

4 **Vaccine Supply**  
*Guarded optimism*

4 **Flu Coordinators**  
*Working hard*

# Flu Pneus

August 2004

## National Teleconference Targets Influenza Season

### *Healthcare worker immunization focus of “Vaccine and Vaccinators”*

Healthcare quality professionals and other stakeholders are invited to join a national teleconference as a panel of national immunization experts come together for a look at the coming influenza season. The call, which will take place at 1 p.m. on Wednesday, August 18, will look at the vaccine supply and distribution outlook for the 2004-2005 season.

Following this, the call will focus on improving influenza immunization rates for healthcare workers in all settings. A question and answer period is planned so that callers will be able to explore this important topic with experts in the effort to improve rates in this key population. There will also be an opportunity for callers to share presentation materials on their own computers as these materials are shared simultaneously via WebPro presentation.



Presenters for the teleconferenced program include Dr. Ray Strikas, Associate Director for Adult Immunization for the Centers for Disease Control and Prevention; Dr. Greg Poland, professor of medicine and clinical pharmacology at the Mayo Clinic and Foundation; Dr. Dale Bratzler, Chief Clinical Coordinator at the Oklahoma Foundation for Medical Quality and Jean Franzini, with Brigham and Women's Hospital in Massachusetts.

Dr. Strikas will provide the vaccine outlook for the coming season, including supply, formulation and distribution updates.

Dr. Poland will present an overview of efforts to improve immunization rates for healthcare workers. Dr. Poland has been one of the country's most active proponents of the benefits of immunization, especially for healthcare workers.

Ms. Franzini will speak about the successful model for healthcare worker immunization which has been used at Brigham and Women's. That program includes a year-round protocol for improving immunization in healthcare workers at the hospital.

Currently, only 36% of healthcare workers are vaccinated against influenza.

To register for the teleconference contact Joe Hutchison at: [jhutchison@okqio.sdps.org](mailto:jhutchison@okqio.sdps.org)

**Thimerisol has been used as a preservative since the 1930s**

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[jhutchison@okqio.sdps.org](mailto:jhutchison@okqio.sdps.org)  
405-840-2891

# The Problem with Quicksilver

*Thimerisol preservative issue continues to be a slippery one*

The controversy surrounding the use of thimerisol, a derivative of mercury, as a preservative in influenza and other vaccines continues unabated. And just like mercury, the issue is one that is often difficult to get a handle on.

Thimerisol is a preservative that is present in extremely minute quantities in the influenza vaccine. Thimerisol has been used as a preservative since the 1930s, largely because it is extremely effective in fighting bacterial contamination. Other vaccines also contain mercury in the form of thimerisol as a preservative.

Under pressure from advocacy groups and concerned parents, thimerisol-free vaccines are produced - in increasing quantities each year.

The Centers for Disease Control and Prevention, a CMS partner, has a comprehensive resource page available for those interested in thimerisol, its value and ACIP recommendations from its look at thimerisol in vaccines. These resources are available on the web at: <http://www.cdc.gov/nip/vacsafe/concerns/thimerosal/thimerosal-guidance.htm>

## Vaccination Sites

*There's going to be a little click, it won't hurt a bit*

### **National Immunization Project Flu Page**

is the CDC's homepage for Influenza and related issues has changed. Here's the new address:

<http://www.cdc.gov/flu/>

### **Medicare Preventive Services Page**

is devoted to the Centers for Medicare & Medicaid Services Influenza and Pneumococcal campaign. Includes the "Flu Q&A."

<http://www.cms.hhs.gov/preventiveservices/2.asp>

### **MedQIC.org**

(Medicare Quality Improvement Community) is the searchable resource for articles, links and other resources related to many topics and settings.

<http://www.medqic.org>

### **Immunize.org**

is a great resource for information on pneumonia and related conditions.

<http://www.immunize.org/>

### **National Immunization Project Flu Gallery**

offers many resources approved and made available by the CDC. Includes bilingual materials and many formats, including posters, stickers, etc.

<http://www.cdc.gov/nip/flu/gallery.htm>

# Influenza Campaign '04 : What Works?

*Cutting through the clutter with an important message takes talent and work*

Everyone's talking about the big campaign this year, right? Not *that* one.

This year, the CMS Adult Immunization campaign against influenza and pneumococcal is taking preliminary steps to identify best practices for CMS regional campaigns, with the goal of sharing effective strategies with all the stakeholders in the fight against influenza.

Innovative partnerships, government programs and private efforts are fighting the good fight around the country, yet these efforts are largely isolated and unknown to others, even in nearby areas. The new CMS initiative will try to identify best practices in CMS regional offices as well as Quality Improvement Organizations around the country. Best practices stories will be solicited in CMS regions and catalogued. While not scientific, best practices surveys can identify strategies and compare techniques from different efforts. Later, the hard work comes as the research attempts to measure results and relate them to campaign practices.

If last year's influenza taught researchers anything, it was the undeniable power of media to drive behavior. Media coverage of the unfortunate deaths of several unvaccinated children lead to a run on influenza vaccine. Virtually all available doses of inactivated vaccine were used. This was an unfortunate demonstration of social marketing.



The idea of social marketing is not a new one. Desired behaviors (in this case, vaccination) are affected by feelings and perceptions, often more than by logic or cognitive processes. Research indicates that most people understand the benefits of immunization against influenza and other deadly diseases. Yet they don't feel motivated to undertake the behavior of being vaccinated or facilitating vaccination for their loved ones.

The CMS Adult Immunization Project will survey regional coordinators and Quality Improvement Organizations around the country to discover the best practices as perceived by those that are actually doing the work on campaigns in targeted populations.

Project member Joe Hutchison said there's a lot of work ahead in understanding the target populations and how they respond to various messages.

"There are many populations within the Medicare population that we need to identify, target and direct appropriate efforts toward," Hutchison said.

"These populations might include the general public, families of Medicare patients, their larger communities and other groups in which they find identity. Then the job becomes understanding these groups, understanding what motivates them and then capitalizing on this understanding by implementing campaigns that effectively drive their behavior. These are those 'best practices' we're looking for."

**these efforts are largely isolated and unknown to others**

**"These are those 'best practices' we're looking for."**

**vaccine producers  
have increased  
production**

**CMS and its part-  
ners encourage  
providers to order  
vaccine now**

# Vaccine Supply Looking Good

## Increased supply and timely delivery expected

Vaccine supplies for the coming season appear to be in good shape. With a virtual 100% uptake of influenza vaccine in the last season, vaccine producers have increased production targets significantly for the 2004-2005 season. In the last season, over 85 million doses were produced. Production for this season should exceed that number significantly.

FluMist, which is not indicated for Medicare patients, will be produced at a higher rate this year and should serve to bring the total number of vaccine doses much higher. The cost of FluMist is predicted to be cut dramatically this season, which should encourage increased uptake in the indicated populations, freeing up some vaccine for Medicare senior patients and others for whom FluMist would not be appropriate.

CDC reports that suppliers are expecting deliveries to be in time for immunization efforts that typically hit high gear in October. Production of the new formulation has been accomplished without any problems or unusual strain variations emerging to date. So, there is guarded optimism for the coming season.

Even though supplies and deliveries look good, CMS and its partners encourage providers to order vaccine now if they have not done so.

## Centers for Medicare & Medicaid Services 2004 Regional Flu Coordinators

Here is contact information for CMS Regional Flu Campaign Coordinators:

<b>Boston, Region I</b>	<b>Peter MacKenzie</b>	<b>617-565-4857</b>
<b>New York, Region II</b>	<b>Norma Harris</b>	<b>212-264-3720</b>
<b>Philadelphia, Region III</b>	<b>Debbie Fiereman</b>	<b>215-861-4176</b>
<b>Atlanta, Region IV</b>	<b>Brenda Cousar</b>	<b>404-562-7223</b>
<b>Chicago, Region V</b>	<b>Natosha Thompson</b>	<b>312-353-1448</b>
<b>Dallas, Region VI</b>	<b>Julia Lothrop</b>	<b>214-767-6386</b>
<b>Kansas City, Region VII</b>	<b>Natalie Myers</b>	<b>816-426-6384</b>
<b>Denver, Region VIII</b>	<b>Lisa Dubois</b>	<b>303-844-3521</b>
<b>San Francisco, Region IX</b>	<b>Shirley Bordelon</b>	<b>415-744-3613</b>
<b>Seattle, Region X</b>	<b>Margaret Medley</b>	<b>206-615-2355</b>

For more information, Please call Joe Hutchison at 405-840-2891  
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